

ATTORNEY GENERAL LISA MADIGAN'S  
**SENIOR SLEUTHS**

**VOLUNTEER APPLICATION FORM**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER: M F

PLEASE PUT A CHECK NEXT TO ANY OF THE PROJECTS IN WHICH YOU ARE  
INTERESTED IN PARTICIPATING:

\_\_\_ COLLECTING MAIL/KEEPING  
PHONE LOG

\_\_\_ PARTICIPATING IN ANTI-FRAUD  
ROLE PLAYING PRESENTATION

\_\_\_ DISTRIBUTING MATERIALS

\_\_\_ SPEAKING TO GROUPS ABOUT  
CONSUMER FRAUD

\_\_\_ HOLDING "OFFICE HOURS" AT A  
COMMUNITY FACILITY

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

TIME OF DAY \_\_\_\_\_

DAY(S) OF THE WEEK \_\_\_\_\_

HOW OFTEN PER MONTH? \_\_\_\_\_

ARE YOU ABLE TO PROVIDE YOUR OWN TRANSPORTATION? YES No

All information provided on this form will be kept confidential and will be used only in  
connection with the Senior Sleuth Project.

RELEVANT EMPLOYMENT/VOLUNTEER EXPERIENCE\_\_\_\_\_

DO YOU HAVE EXPERIENCE WORKING WITH THE PUBLIC? IF YES, PLEASE DESCRIBE.

OTHER SKILLS THAT YOU THINK MIGHT BE USEFUL TO THE PROJECT\_\_\_\_\_

WHAT ATTRACTED YOU TO PARTICIPATING IN THE SENIOR SLEUTH PROJECT?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?    YES                      NO  
IF YES, PLEASE EXPLAIN.\_\_\_\_\_

I HEREBY ATTEST THAT THE ABOVE  
INFORMATION IS TRUE TO THE BEST  
OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

PLEASE SEND COMPLETED FORM TO:  
OFFICE OF THE ATTORNEY GENERAL  
500 S. SECOND ST.  
SPRINGFIELD, IL 62706  
ATTN: MICAH RODERICK

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